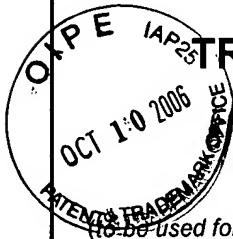


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

(To be used for correspondence after initial filing)

	Application Number	10/810,353
	Filing Date	March 26, 2004
	First Named Inventor	David Vanker
	Art Unit	3627
	Examiner Name	Ronald Laneau
	Attorney Docket Number	2665/7

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Postcard Receipt
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Landscape Table on CD	<input checked="" type="checkbox"/> Check for \$1,020 for 3 month extension fee
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-0930</u> . A duplicate copy of this sheet is enclosed.	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

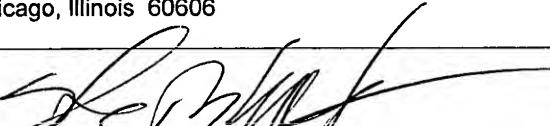
**CALCULATION OF FEE**

## Small Entity

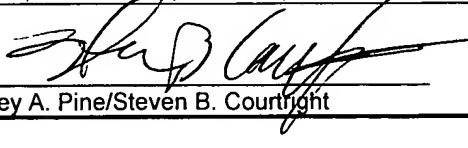
## Large Entity

	Claims After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total	Minus	(20)	0	x \$25=	0	x \$50=	
Indep.	Minus	(3)	0	x \$100=	0	x \$200=	
First Presentation of Multiple Dep. Claim				+\$180=	—	+\$360=	
				total add'l fee	\$ 0	total add'l fee	\$ 0

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Jeffrey A. Pine, Reg. No. 36,893 Attorney for Applicants Steven B. Courtright, Reg. No. 40,966 Agent for Applicants  BANIAK, PINE, AND GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature			
Date	October 6, 2006		

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature		Date:	October 6, 2006
Jeffrey A. Pine/Steven B. Courtright			